Transition Policy

-Practice policy on transition discussed/shared with youth and parent caregiver \_\_\_\_\_\_\_\_\_

Date

Transition Readiness Assessment

-Conducted transition readiness assessment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date Date Date

-Included transition goals and prioritized actions in plan of care \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date Date Date

Medical Summary and Emergency Plan

-Updated medical summary and emergency plan \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date Date Date

Adult Model of Care

-Decision-making changes, privacy, and consent in adult care discussed with youth and parent/caregiver (if needed,

discussed plans for supported decision-making) \_\_\_\_\_\_\_\_\_

Date

-Timing of transfer discussed with youth and parent/caregiver \_\_\_\_\_\_\_\_\_

Date

-Selected Adult Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Clinic Phone Fax First Appointment Completed

Transfer of Care

-Prepared transfer package including:

□ Transfer letter, including effective of date of transfer of care to adult provider

□ Final transition readiness assessment

□ Plan of care, including goals and actions

□ Updated medical summary and emergency care plan

□ Legal documents, if needed

□ Condition fact sheet, if needed

□ Additional provider records, if needed

-Sent transfer package \_\_\_\_\_\_\_\_\_

Date

-Communicated with adult provider about transfer \_\_\_\_\_\_\_\_\_

Date